## Arizona Board of Occupational Therapy Examiners

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## **COMPLAINT FORM**

COMPLAINANT (Optional: if provided, this information may become public information)

Name	Telephone Number		
Mailing Address	City	State	Zip Code
FILED AGAINST Licensee	Busin	ess	Other
Name of Business or Individual		Lice	nse Number
Address		Telephone Number	
Mailing Address	City	State	Zip Code
Have you discussed this complaint with the being filed?	person or business again	st whom this cor	mplaint is Yes No
Describe in detail your complaint. Include al have witnessed the complaint or are involve	l dates, times, locations a ed. Please provide copies	and any names of any relevant of	f individuals that may documents.